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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

____ Yes.

X No.

The standards for optional State supplementary payments are listed in Supplement 6 of <u>ATTACHMENT 2.6-A</u>.

		New 10-01-91
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HCFA ID: 7983E

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Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

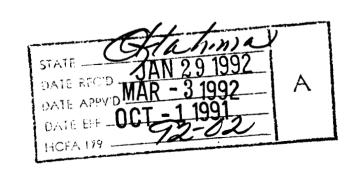
42 CFR 435.120 435.121 1902(a)(10) (A)(ii)(XI) of the Act 42 CFR 435, 230 <u>/</u>▼ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

> The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
- All aged individuals. (1)
- All blind individuals. (2)
- (3) All disabled individuals.

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- B. Optional Groups Other Than the Medically Needy (Continued)
 - (4)Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - Individuals receiving federally (7) administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
 - Х Individuals receiving a State administered optional State supplement (8) that meets the conditions specified in 42 CFR 435.230.
 - Individuals in additional (9) classifications approved by the Secretary as follows:

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Department of Human Services Groups Covered Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes X No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A. New 10-01-91 Approval Date MAR -TN No. Effective Date Supersedes TN No. HCFA ID: 7983E

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State: __OKLAHOMA Agency* Citation(s) Groups Covered Department of Human Services B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.231 / X/ 12. Individuals who are in institutions for at 1902(a)(10) least 30 consecutive days and who are (A)(ii)(V) eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals of the Act meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. /X The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged (ii) and 1905(a) Blind of the Act Disabled Individuals under the age of--_ 21 20 19 18 Caretaker relatives Pregnant women

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Section 4723 of P.L. 101-508 and Section 1903(f)(2)(B) of the Act

The State agency allows medically needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income, to reduce such family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.

DATE REC'D DATE APPV'D DATE EFF HCFA 179

* Agency that determines eligibility for coverage

New 11-05-90

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Supersed

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B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act 14.

/X/

The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u>:

- a. Women during pregnancy (and during the _.60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

Revised 04-01-92

TN No. 7477 Approval Date AUG 05 1992
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Effective Dat APR 01 1992

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• Agency that determines eligibility for coverage.

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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) (ii)(X)and 1902(m) (1) and (3)of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u>.

New 10-01-91

TN No. Approval Date MAR - 3 1992 Supersedes TN No.

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_February 1994

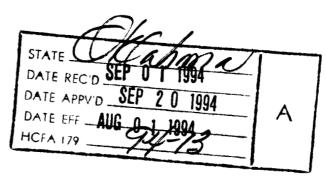
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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	В.	Optional Groups Other Than the Medically Needy (Continued)
1902(a)(47) and 1920 of the Act		17. Pregnant women who meet the applicable income levels specified in this plan under Attachmen 2.6-A who are determined to be presumptive eligible by a qualified provider during presumptive eligibility period in accordance with §1920 of the Act.
1902(z)(1) of the Act	<u>X</u>	18. Tuberculosis (TB) infected individual authorized under §1902(z)(1) of the Act, who meet the income and resource requirement described in Supplement 14 to Attachment 2.6 A.



Revised 08-01-94

TN No. Supersedee TN No.

Approval Date SEP 2 0 1994

Effective Date AUG 0 1 1994